

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/023 650
APPLICANT(S)

FILING DATE
12/21/01

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | • | | • | | • | |
|--------------|----------|------|------------------------|------|------------------------|------|--------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | 51 | | | | | | |
| 2 | | | | | | | 52 | | | | | | |
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| TOTAL IND. | 3 | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | 20 | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | 23 | | | | | | TOTAL CLAIMS | | | | | | |

CLAIMS ONLY

SERIAL NO.

100 23650

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | 2 | | | | | |

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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS